



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

REVIEW OF SECLUSION AND RESTRAINT INCIDENTS

Effective Date: August 17, 2007

Policy #: QI-04

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I. PURPOSE

To provide a post-incident review process for all restraint and seclusion interventions separate from the review conducted by patient treatment teams, and to obtain interdisciplinary advice and guidance on the use of these interventions at Montana State Hospital

II. POLICY:

Montana State Hospital (MSH) is committed to a violence and coercion-free treatment philosophy. The Hospital is also committed to using restraint and seclusion procedures only when necessary as a last resort to help manage behaviors that present a high and imminent risk of harm to others or to the person for whom the procedure is applied.

Restraint and seclusion procedures are containment measures that may be necessary at times to provide protection to people at risk for harm, but they are not treatment interventions, nor an appropriate "consequence" for modifying undesirable behavior.

The use of restraints and seclusion procedures are considered unusual and high-risk events requiring a great deal of oversight and review. The purpose of oversight and review procedures is to ensure the safety of all persons and the application of these procedures in a manner consistent with laws, regulations, and standards of care of people with psychiatric disorders.

The Hospital recognizes that use of restraint and seclusion procedures presents many risks that may at times, outweigh the risk of the behavior hospital staff are seeking to contain.

MSH will have an organized, interdisciplinary, leadership driven Seclusion and Restraint Committee to review and monitor seclusion and restraint usage, provide an educational resource for hospital staff, and review and make recommendations on policy and procedures for Seclusion and Restraint.

A post-incident review of all procedures will be conducted following each incident and will involve staff on the treatment unit, the person receiving services, and clinical management staff. The focus of the review process will be to evaluate the incident for conformance with applicable standards and to learn from the event, and make changes in treatment regimens in order to reduce the risk of similar occurrences in the future.

III. DEFINITIONS:

None

IV. RESPONSIBILITIES:

- A. Chief Executive Officer - Ensures a committee and process exists within the hospital organization to review, monitor and report on seclusion and restraint usage.
- B. Licensed Nursing Staff - Ensure all episodes of seclusion and restraint are documented on the Nursing Shift Log.
- C. Program Managers are responsible for:
 - 1. Reviewing each Seclusion and Restraint Intervention Order/Progress Note and incident report forms for accuracy;
 - 2. Ensuring that a copy of the Seclusion and Restraint Intervention Order/Progress Note is sent to the Quality Improvement Director;
 - 3. Leading the event review process;
 - 4. Overseeing the application of what has been learned through review processes to practice on patient treatment units;
 - 5. Participate on the Seclusion and Restraint Committee.
- D. Nurse Managers are responsible for actively participating in event review procedures and leading the event review process in the absence of the Program Manager.
- E. Director of Quality Improvement is responsible for:
 - 1. Ensuring data from these reports are entered into a computer database and aggregated for regular reporting purposes;
 - 2. Participate on the Seclusion and Restraint Committee;
 - 3. Coordinate staff education regarding the use of seclusion and restraint.
- F. Medical Director is responsible for:
 - 1. Ensuring a clinical philosophy which promotes treatment in the least restrictive manner while reducing seclusion and restraint;
 - 2. Providing feedback to the practitioners regarding the findings of the committee and the use of seclusion and restraint;
 - 3. Participate on the Seclusion and Restraint Committee

G. Director of Nursing is responsible for:

1. Ensuring a clinical philosophy which promotes treatment in the least restrictive manner while reducing seclusion and restraint;
2. Providing feedback to the practitioners regarding the findings of the committee and the use of seclusion and restraint;
3. Participate on the Seclusion and Restraint Committee.

H. Committee Members are responsible for:

1. Attend and participate in Committee meetings;
2. Support the delivery of quality care by providing:
 - a. Review of seclusion and restraint incidents according to this policy,
 - b. Be active in Committee education efforts;
 - c. Support the delivery of quality care by providing:
 - i. Review of seclusion and restraint incidents according to this policy;
 - ii. Seclusion and restraint Educational Resource: The Committee provides an effective and functioning educational resource, which the Hospital may utilize to assure initial (orientation) and ongoing staff training,
 - iii. Hospital Policy Review: The Committee offers consultation and recommendations for updating and developing seclusion and restraint policy,
 - iv. Disseminate information and data about standards, evidence-based and promising practices, and use of restraint and seclusion procedures at MSH and other psychiatric hospitals to clinical staff throughout the organization.

V. PROCEDURE:

A. Seclusion and Restraint Report

1. All uses of seclusion and restraint will be reported daily to the Hospital Management Team via the Nursing Shift Report Log.
2. A copy of the Seclusion and Restraint MD Order / Progress Note will be completed and sent to the Director of Quality Improvement at the end of each intervention or, in case of extended interventions, every twenty-four (24) hours.

3. Data from these reports will be entered into a computer database. Aggregate data from these reports will be made available to the hospital's administrative and clinical staff on a monthly and as needed basis.

B. Membership:

1. Committee membership is comprised of the below members of the management team:
 - a. Hospital Administrator
 - b. Medical Director
 - c. Director of Nursing
 - d. Admissions Coordinator
 - e. Director of Quality Improvement
 - f. Program Managers
 - g. Additional staff may be asked by the chairperson to consult with this Committee on a case-by-case basis.

C. Leadership of the Seclusion and Restraint Committee:

The Administrator of the Hospital shall chair the committee or designate the chair.

D. Meeting Frequency:

The Committee will ordinarily meet weekly.

E. Minutes:

Minutes will be recorded for all committee meetings with copies going to committee membership for dissemination of information to clinical staff.

F. Review of Seclusion, Restraint and Incidents:

1. The committee will review all reported uses of seclusion and restraint by examining the Seclusion and Restraint Order / Progress Notes filed with the Quality Improvement Director, the event review and by reviewing the patient's chart.
2. In chart reviews, the committee will determine whether:
 - a. The intervention used was the least restrictive alternative;
 - b. The patient received proper care while in seclusion or restraint,
 - c. Proper documentation was entered into the patient's chart; and

- d. The patient was examined by a psychiatrist, licensed nurse, and mental health professional person within the time periods designated in policy.
3. If a pattern of opportunities to improve is noticed, the Committee may request and monitor a plan for improvement.
4. The committee will note whether each incident of seclusion or restraint was implemented appropriately and in accordance with the provisions of the Hospital's Seclusion and Restraint policy and Treatment and Positional Supports policy.
5. If any use of seclusion or restraint is judged to be inappropriate or out of compliance with policy or statutory requirements, the Committee will:
 - a. Recommend a plan of correction to the appropriate supervisory staff and/or Medical Director (when appropriate) so that supervisory staff can take corrective action.
6. The Committee is responsible for tracking these incidents to resolution.
7. Information regarding the use and review of seclusion and restraint interventions will be provided to the hospital's Quality Improvement Committee on a quarterly basis.

G. Reporting:

1. The Quality Improvement Director will ensure a process to maintain a database, and prepare and distribute reports regarding these occurrences at periodic intervals but not less than quarterly. This information is analyzed and reported on a quarterly basis to the Management Team, hospital-wide Quality Improvement Committee, and to the medical staff.
2. The Quality Improvement Committee will:
 - a. Review aggregate (total hospital and data by treatment unit) seclusion, and restraint data on a quarterly basis, as well as other reports generated by the Seclusion and Restraint Review Committee.
 - b. Will identify performance improvement goals for use and reduction of Seclusion and Restraint.

VI. REFERENCES: Related Policies: Seclusion and Restraint; Treatment & Positional Supports; Standards/Statutes: 53-21-146 M.C.A., and C.M.S Standards.

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SECLUSION AND RESTRAINT COMMITTEE

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- VII. COLLABORATED WITH:** Hospital Administrator, Seclusion and Restraint Review Committee, Medical Director, Director of Quality Improvement, and the Director of Nursing Services
- VIII. RESCISSIONS:** QI-04, *Seclusion and Restraint Committee* dated November 17, 2004; QI-04, *Seclusion and Restraint Committee* dated February 14, 2000; HOPP# 13-03R. 11191 “Review of Time Out, Behavior Control, Seclusion, and Restraint Interventions” dated November 1991.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. REVIEW AND REISSUE DATE:** August 2010
- XI. FOLLOW-UP RESPONSIBILITY:** Seclusion and Restraint Committee
- XII. ATTACHMENTS:** Montana State Hospital Restraint / Seclusion Procedure Review

_____/_____/_____
Ed Amberg Date
Hospital Administrator

_____/_____/_____
 Connie Worl Date
 Director of Quality Improvement

MONTANA STATE HOSPITAL

RESTRAINT/SECLUSION PROCEDURE REVIEW

Patient Name: _____ Patient Number: _____ Tx Unit: _____

Date of Procedure: _____ Start Time: _____ End Time: _____

Reviewed by: _____ Review Date: _____

Type of Procedure: <input type="checkbox"/> Seclusion <input type="checkbox"/> Restraint <input type="checkbox"/> Transport Blanket <input type="checkbox"/> Transport Cuffs <input type="checkbox"/> Ambulatory Restraint <input type="checkbox"/> Other _____	Describe behavior leading to use of procedure:	
Description of Events and Alternatives Attempted <ul style="list-style-type: none"> Description of patient's behavior Description of alternatives attempted, or rationale for not using an alternative procedure 	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Physician's Order <ul style="list-style-type: none"> Reason or justification for the procedure Specific procedure to be used Maximum time period allowed Criteria for release Date and time 	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Documentation of Care Provided to Patient During Procedure <ul style="list-style-type: none"> Monitoring of vital signs as specified by policy (2 hour intervals) Range of motion every two hours provided or offered unless contraindicated Change of clothing or linen if soiled Offering fluids hourly – meals provided Offer use of toilet facilities hourly or when requested Offer Shower/Bath if procedure extended 	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Documentation Provides Justification for Continuing Use of Procedure <ul style="list-style-type: none"> Adequate description of behavior Interactions with staff members 	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:

Restraint/Seclusion Review Committee~~Incident Review Form Cont.

Documentation of Hourly Evaluation by Registered Nurse <ul style="list-style-type: none"> Completed on time Indicates reason for continuing procedure 	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Evaluation by Physician within First Hour of Procedure: <ul style="list-style-type: none"> Current behavioral or mental status Current physical status Plan for continuing care 	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Evaluation by Physician at <u>Eight Hour</u> Intervals <ul style="list-style-type: none"> Current behavioral or mental status Current physical status Plan for continuing care 	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A – procedure ended before 8 hrs.	Comment:
Review of Incident <ul style="list-style-type: none"> Part 1 completed Part 2 completed Documentation indicates thorough review Recommendations Clearly Indicated Follow Up Action Taken Documents filed appropriately 	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Comment:
Recommendation for Further Review of Follow Up		
Other considerations and comments as noted by reviewer: Reviewer may want to comment on: implementation of trauma informed care principles, fact-to-face monitoring, patient's treatment plan, patient's involvement in treatment, application of level systems, etc.		

Reviewed by QI Director _____ Date _____